

INSTRUCTIONS FOR COMPLETING APPLICATION FOR CHILD CARING INSTITUTION

FACILITY INFORMATION

1. Enter name of institution as it is to appear on the license or certificate of approval.
- 2 – 12. Enter appropriate information for the institution.

APPLICANT ORGANIZATION INFORMATION

13. Enter legal name under which the applicant organization is incorporated, or the governmental unit, person, or partnership legally responsible.
- 14 – 21. Enter the appropriate information for the applicant.
22. Indicate destination where official licensing mail is to be directed.
24. Indicate if the auspices is governmental or non-governmental.
25. Check appropriate box.

26. TERMS INFORMATION: Regular CCI – any Non-Therapeutic Group Home. Therapeutic – 6 beds or less – serving Developmentally Disabled or Seriously Emotionally Disturbed – No seclusion or restraints.

27. Column 1. Enter the name of the building, unit, wing, or floor of the facility which will house the identified population.
Column 2. Enter age range to be care for (Maximum age is 17).
Column 3. Check male if only males are accepted or female if only females are accepted or enter co-ed where the location is not limited to specific number of either males or females.
Column 4.
 - Open institution means an institution or facility, or portion thereof, which is used to house residents and which is not locked against egress, except for an approved behavior management room.

OR

 - Secure institution means an institution or facility, or portion thereof, other than a behavior management room, used to retain residents in custody. Outside doors and individual sleeping rooms usually have locks preventing access from the building.

OR

 - Short-term institution means an institution which primarily provides care for residents pending court action or other placement planning.

OR

 - Treatment institution means an institution whose primary purpose and function is to provide habilitative or rehabilitative services. - Column 5. Enter capacity for the age range, sex, setting and program.
Column 6. Indicate yes or no. A behavior management room means a room or areas approved by the department licensing authority for the confinement or retention of a resident.
Column 7. The door to the room may be equipped with a security locking device which operates by means of a key or is electrically operated and which has a key override and emergency electrical back up in case of a power failure.
- 28 – 39. Indicate yes or no or insert appropriate answer.

APPLICATION DECLARATION STATEMENT INFORMATION

40. Signature of individual authorized to make application on behalf of the Application Organization.
41. Enter title of person signing application.
42. Date Signed.
- 43 – 46. Enter the appropriate information for the person signing the application.

AUTHORITY:	1973 PA 116	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
COMPLETION:	Is required.	
PENALTY:	Applicant cannot be licensed.	

CHILD CARING INSTITUTION APPLICATION

Michigan Department of Human Services
(Follow Instructions on back of Application)

FOR DHS USE ONLY:

License Number

Zoning Code

BCAL USE ONLY

Application is:

☐ Original

☐ Renewal

☐ Change

Paid Amount

Cashier

FACILITY INFORMATION

1. Facility Name		
2. Chief Administrator's Name		
3. Address (Street Number, Name, Suite, etc.)		
4. City	5. State	6. Zip Code
7. Mailing Address (if different) P.O. Box	8. P.O. Box, City, State, Zip Code	
9. Telephone Number ()	10. County	
11. Township	12 Zoning Authority for Facility <input type="checkbox"/> City/Village <input type="checkbox"/> Township <input type="checkbox"/> County	

APPLICANT ORGANIZATION INFORMATION

13. Organization Name		
14. Applicant Representative		
15. Address (Street Number, Name, Suite, etc.)		
16. City	17. State	18. Zip Code
19. Mailing Address (if different) P.O. Box	20. P.O. Box, City, State, Zip Code	
21. Telephone Number ()	22. Direct Mail To <input type="checkbox"/> Organization <input type="checkbox"/> Facility	
23. Federal ID Number	24. Auspice Type <input type="checkbox"/> Non-governmental <input type="checkbox"/> Governmental	
25. <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit	<input type="checkbox"/> County <input type="checkbox"/> Federal	<input type="checkbox"/> State <input type="checkbox"/> Local

TERMS INFORMATION

26. ☐ Regular Child Caring Institution ☐ Therapeutic Group Home

27. Terms Applied for Location	Age Range (Max Age 17)	Sex	Setting	Program	Capacity	Behavior Mgmt.Rm.
A	FROM TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female	<input type="checkbox"/> O-Open <input type="checkbox"/> S-Secure	<input type="checkbox"/> S-Short Term <input type="checkbox"/> T-Treatment		<input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No
B	FROM TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female	<input type="checkbox"/> O-Open <input type="checkbox"/> S-Secure	<input type="checkbox"/> S-Short Term <input type="checkbox"/> T-Treatment		<input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No
C	FROM TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female	<input type="checkbox"/> O-Open <input type="checkbox"/> S-Secure	<input type="checkbox"/> S-Short Term <input type="checkbox"/> T-Treatment		<input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No
D	FROM TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female	<input type="checkbox"/> O-Open <input type="checkbox"/> S-Secure	<input type="checkbox"/> S-Short Term <input type="checkbox"/> T-Treatment		<input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No
E	FROM TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female	<input type="checkbox"/> O-Open <input type="checkbox"/> S-Secure	<input type="checkbox"/> S-Short Term <input type="checkbox"/> T-Treatment		<input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No

28. Private Well <input type="checkbox"/> Yes <input type="checkbox"/> No	29. Private Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No	30. TOTAL CAPACITY →
31. Is organization accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No	32. By Whom?	33. Date of Accreditation:
34. Was this specific facility visited by the accrediting body? <input type="checkbox"/> Yes <input type="checkbox"/> No	35. Is deemed status requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. Are there high adventure activities at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No	37. Type: <input type="checkbox"/> Pool <input type="checkbox"/> Other Water <input type="checkbox"/> High Ropes <input type="checkbox"/> Low Ropes <input type="checkbox"/> Climbing Wall <input type="checkbox"/> Other – Specify _____	
38. Have any staff been convicted of an offense for other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	39. Will this facility serve community mental health funded children? <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICATION DECLARATION STATEMENT (Checked boxes confirm statements have been read)

- ☐ I have read 1973 PA 116 or PA 280 and the Administrative Rules regulating the operation of the residential child caring facility indicated above and, if granted a license, certificate of approval, or certificate of inspection will endeavor to comply with the Act and these rules.
- ☐ In order to permit a proper determination of conformity with the rules, I give permission to the Department of Human Services to make a necessary and reasonable investigation of my activities and proposed standards of care and to make an on-site evaluation of the proposed facility as described in Act 116. The investigation may include the securing of statements from references I submit, as well as from others who may make judgments as to my ability to comply with the rules.
- ☐ I certify that the employees of this institution are of good moral character as required by administrative rules.
- ☐ I hereby certify that any information I give in respect to this application and investigation will be, to the best of my ability, true and correct.

40. Authorized Signature	41. Title	42. Date
43. Address (Street Number and Name)	44. City	45. State
		46. Zip Code